ILLINOIS DEPARTMENT OF INSURANCE SUMMARY SHEET

Change in Company's premium or rate lev	vel produced by rate revision effective	04/01/09
(1) <u>Coverage</u>	(2) Annual Premium <u>Volume (Illinois)*</u>	(3) Percent <u>Change (+ or -)**</u>
Automobile Liability Private Passenger Commercial		
Automobile Physical Damage		
3. Liability Other Than Auto	21,646	+4.7%
4. Burglary and Theft		
5. Glass _		
6. Fidelity _		
7. Surety _		
8. Boiler and Machinery	00.052	+4.7%
9. Fire	29,953 23,214	+4.7%
10. Extended Coverage		
11. Inland Marine _ 12. Homeowners _		
13. Commercial Multi-Peril		
14. Crop Hail		
15. Other		
Line of Insurance		
Does filing only apply to certain territory (t Brief description of filing. (If filing follows		
40% from +/-25%		
and filing for an inspection fee of \$35 per	location with max charge of \$350 (10 loc	ations)
*Adjusted to reflect all prior rate changes. **Change in Company's premium level wh	nich will result from application of new rate	es.
	American Moo	dern Home Insurance Company
		Name of Company
	Traci L Bu	rbage - Compliance Analyst
		Official - Title

SUMMARY SHEET

Kathleen M. Ruocco, Compliance Analyst

	Change in Company's premiu	m or rate level produced by rate revision effective	3/1/09
	(1)	(2) Annual Premium	(3) Percent
	<u>Coverage</u>	Volume (Illinois)*	<u>Change (+ or -)**</u>
1.	Automobile Liability		
	Private Passenger		
_	Commercial		
2.	Automobile Physical Dam	age	
	Private Passenger Commercial		
3.	Liability Other Than Auto		
4.	Burglary and Theft	4.00	
5.	Glass	the state of the s	
6.	Fidelity		
7.	Surety		
8.	Boiler and Machinery		
9.	Fire	\$382,341	-9.0%
10.	Extended Coverage		
11.	Inland Marine		
12.	Homeowners		
13.	Commercial Multi-Peril	1	
14.	Crop Hail		
15.	Other Line of Insurance		
	Line of mourane		
Does	filing only apply to certain ter	ritory (territories) or certain classes? If so, specify:	
N/A	\		
			the state of the s
		g follows rates of an advisory organization, specify	
Arc	th Insurance Company, a	member of Insurance Services Office, Inc.	(18O), is filing to adopt
TCC	Ya Cammaraial Proparty	loss cost revision as contained in ISO Desi	anation Filing Number CF-
		adopted will be used with our currently app	
200	8-KLAI. The loss costs	adopted will be used with our currently app	Toved loss cost
mu	ltiplier.		
	Adjusted to reflect all prior rate Change in Company's premiun		
יי ני	nange in Company's premium	FIEST FICTON OF INSURANCE	
1	csuit from application of new	STATE OF ILLINOIS/IDFPR	
		STATE OF ILLINOIS/IDEPR	
		27 2 1 2008	_
		Arch	Insurance Company
			Name of Company
		SPRINGFIELD, ILLINOIS	

RECEIVED

OCT - 9 2008

IDFPR (MPC) Division of insurance Springfield

Form (RF-3)

SUMMARY SHEET

	Change in Company's premium revision effective March 1	n or rate level produ ., 2009	iced by rate
	(1)	(2)	(3)
	(1)	Annual Premium	Percent
	G		
	<u>Coverage</u>	Volume (Illinois) *	Change (+ or -) * *
1.	Automobile Liability		
	Private Passenger		
	Commercial		
2.	Automobile Physical Damage		
	Private Passenger		
	Commercial		
3.	Liability Other Than Auto		
4.	Burglary and Theft	· · · · · · · · · · · · · · · · · · ·	
5.	Glass		
6.	Fidelity		
7.	Surety		
8.	Boiler and Machinery		
9.	Fire	733,580	-22.9
10.	Extended Coverage		
11.	Inland Marine		
12.	Homeowners		
13.	Commercial Multi-Peril		
14.	Crop Hail		
15.	Other		
	Line of Insurance		
Door	s filing only apply to certain	torritory (torritor	ing) or gortain
	ses: If so, specify:	No	les/ Of Certain
Clas	sses:: II so, specify:	110	
	ef description of filing. (If		s of an advisory
orga	anization, specify organization	n)	
i	Adopt ISO's revised loss costs	and revise loss cos	t multiplier
* 7	Adjusted to reflect all prior	rate changes	
	Change in Company's premium le		
	result from application of new		

AXA Ins. Co. Name of Company

Linda Gross Ass't.Vice President
Official - Title

result from application

Section 754.EXHIBIT A Summary Sheet (Form RF-3)

FORM (RF-3)

SUMMARY SHEET

Change in Company's pre	mium or rate	level produced	by rate revision
effective 11/01/2008			

-	(1)	(2) Annual Premium	(3) Percent
	Coverage	Volume (Illinois) *	Change (+or-) **
1.	Automobile Liability Private		
	Passenger Commercial		
2	Automobile Physical Damag		
_	Private Passenger		•
	Commercial		
3.	Liability Other Than Auto		
4.	Burglary and Theft		
5.	Glass		
3. 3.	Fidelity	-	
7.	Surety		
3.	Boiler and Machinery		
9.	Fire	919,140	+ 3.23 %
10.	Extended Coverage	143.	
11.	Inland Marine		
12.	Homeowners	197 (
13.	Commercial Multi-Peril	,	
14.	Crop Hail		
15.	Other		
	Life of Insurance	A comment of the comm	
٠	Does filing only apply to certa	امران المرازمين (territories) or	certain
	Classes? If so,	an termory (termones) or	CCITAIN
	specify: No No	to the same analysis of the contract of the co	
	specify.		
	Brief description of filing. (If f Organization, specify organization):	iling follows rates of an a	
	organization).	Dwelling 1 no 1 tate 1 to	
	*Adjusted to reflect all prior ra	ate changes. nium level which will resu	ult from application of new
	rates.	Dedee Midual Inc	auranga Company
		Badger Mutual Ins	ime of Company
) NI	OF INSURANCE	INC	ers Compensation Coordinator
OF	ILLINOIS/IDFPR		Official – Title
	FIVED		Chiolai into

DIVISIO STATE

CCT 0 1 2008

SPRINGFIELD, ILLINOIS

Serff BMIC-125838859

SUMMARY SHEET

Official - Title

			(2)
	(1)	(2) Annual Premium	(3) Percent
	Coverage	Volume (Illinois)*	Change (+ or -)**
	Automobile Liability	•	
	Private Passenger		
	Commercial		
	Automobile Physical Damage		
	Private Passenger		
	Commercial		
	Liability Other Than Auto		
	Burglary and Theft		
	Glass		
	Fidelity		
	Surety		· · · · · · · · · · · · · · · · · · ·
	Boiler and Machinery Fire	EFIC: \$104,099	-9%
	rire	Eric. \$104,077	-770
	Extended Coverage		
	Inland Marine		
	Homeowners		
	Commercial Multi-Peril		
	Crop Hail		
	Other Allied	EFIC: \$77,822	-9%
	Line of Insurance		
	Dine of insulance		
1	filing only apply to certain territory	(territories) or certain classes? If so, specify:	
1			
_	filing only apply to certain territory		
	filing only apply to certain territory		organization):
	filing only apply to certain territory	ows rates of an advisory organization, specify	organization):
	filing only apply to certain territory	ows rates of an advisory organization, specify	organization):
•	filing only apply to certain territory description of filing. (If filing following rates of an ISO	ows rates of an advisory organization, specify adoption specified in the general description to	organization):
	description of filing. (If filing follofiling is following rates of an ISO dijusted to reflect all prior rate chan	ows rates of an advisory organization, specify adoption specified in the general description to	organization):
	description of filing. (If filing follofiling is following rates of an ISO adjusted to reflect all prior rate chan hange in Company's premium level	ows rates of an advisory organization, specify adoption specified in the general description to	organization):
	description of filing. (If filing follofiling is following rates of an ISO dijusted to reflect all prior rate chan	ows rates of an advisory organization, specify adoption specified in the general description to	organization):
	description of filing. (If filing follofiling is following rates of an ISO adjusted to reflect all prior rate chan hange in Company's premium level	ows rates of an advisory organization, specify adoption specified in the general description to	organization):
	description of filing. (If filing follofiling is following rates of an ISO adjusted to reflect all prior rate chan hange in Company's premium level	www.rates of an advisory organization, specify adoption specified in the general description to ges. I which will	organization): ab.
	description of filing. (If filing follofiling is following rates of an ISO adjusted to reflect all prior rate chan hange in Company's premium level	ows rates of an advisory organization, specify adoption specified in the general description to ges. I which will	organization): ab. oyers' Fire Insurance
	description of filing. (If filing follofiling is following rates of an ISO adjusted to reflect all prior rate chan hange in Company's premium level	www.rates of an advisory organization, specify adoption specified in the general description to ges. I which will	organization): ab. oyers' Fire Insurance any
	description of filing. (If filing follofiling is following rates of an ISO adjusted to reflect all prior rate chan hange in Company's premium level	ows rates of an advisory organization, specify adoption specified in the general description to ges. I which will	organization): ab. oyers' Fire Insurance
	description of filing. (If filing follofiling is following rates of an ISO adjusted to reflect all prior rate chan hange in Company's premium level	ows rates of an advisory organization, specify adoption specified in the general description to ges. I which will	organization): ab. oyers' Fire Insurance any
- · · · · · · · · · · · · · · · · · · ·	description of filing. (If filing follofiling is following rates of an ISO adjusted to reflect all prior rate chan hange in Company's premium level	ges. which will Emplo Comp	organization): ab. oyers' Fire Insurance any

Form (RE-3).

F 540 UNIFORM INFORMATION SERVICES, INC.

ILLINOIS DEPARTMENT OF INSURANCE

ange in Comp				
	(1)		(2) ual Premium	(3) Percent
<u>C</u>	<u>coverage</u>	<u>Volu</u>	me (Illinois)*	<u>Change (+ or -)**</u>
	Liability Private			
	ger Commercial Physical Dama			
	Passenger Con			
Liability Othe	er Than Auto			
Burglary and Glass	Inett			
Fidelity				
Surety Boiler and M	lachinàn.			
Boiler and M Fire	lachinery		192,392	1.2
Extended Co				
Inland Marin Homeowner				
. Commercial		-		
. Crop Hail		· · · · · · · · · · · · · · · · · · ·		
Other	Line of Insurance			
				ecify:
ef description vised Loss Co	of filing. (If filin osts Multiplier		isory organization, speci	ify organization):
vised Loss Co	ect all prior rate			
vised Loss Co	ect all prior rate	changes.	from application of new	rates. s Insurance Company of Wausau
vised Loss Co	ect all prior rate	changes. Im level which will result	from application of new	rates.
vised Loss Co	ect all prior rate	changes. Im level which will result	from application of new	rates. <u>s Insurance Company of Wausau</u> Name of Company State Filings Analyst
vised Loss Co	ect all prior rate	changes. Im level which will result	from application of new Employer Barb Karlen	rates. s Insurance Company of Wausau Name of Company
vised Loss Co	ect all prior rate	changes. Im level which will result	from application of new in Employer Barb Karlen	rates. <u>s Insurance Company of Wausau</u> Name of Company State Filings Analyst
vised Loss Co	ect all prior rate	changes. Im level which will result	from application of new Employer Barb Karlen	rates. <u>s Insurance Company of Wausau</u> Name of Company State Filings Analyst
vised Loss Co	ect all prior rate	e changes. Im level which will result	from application of new Employer Barb Karlen	rates. <u>s Insurance Company of Wausau</u> Name of Company State Filings Analyst
vised Loss Co	ect all prior rate	e changes. Im level which will result	from application of new Employer Barb Karlen	rates. <u>s Insurance Company of Wausau</u> Name of Company State Filings Analyst
vised Loss Co	ect all prior rate	e changes. Im level which will result	from application of new Employer Barb Karlen	rates. <u>s Insurance Company of Wausau</u> Name of Company State Filings Analyst
vised Loss Co	ect all prior rate	changes. Im level which will result	from application of new Employer Barb Karlen	rates. <u>s Insurance Company of Wausau</u> Name of Company State Filings Analyst
vised Loss Co	ect all prior rate	changes. Im level which will result	from application of new Employer Barb Karlen	rates. <u>s Insurance Company of Wausau</u> Name of Company State Filings Analyst
vised Loss Co	ect all prior rate	changes. Im level which will result	from application of new region in the second	rates. <u>s Insurance Company of Wausau</u> Name of Company State Filings Analyst
vised Loss Co	ect all prior rate	changes. Im level which will result	from application of new Employer Barb Karlen	rates. <u>s Insurance Company of Wausau</u> Name of Company State Filings Analyst
vised Loss Co	ect all prior ratempany's premiu	changes. Im level which will result	from application of new remaining Employer Barb Karlen	rates. <u>s Insurance Company of Wausau</u> Name of Company State Filings Analyst
vised Loss Co	ect all prior rate	changes. Im level which will result	from application of new Employer Barb Karlen	rates. <u>s Insurance Company of Wausau</u> Name of Company State Filings Analyst
vised Loss Co	ect all prior ratempany's premiu	e changes. Im level which will result	from application of new remaining Employer Barb Karlen	rates. <u>s Insurance Company of Wausau</u> Name of Company State Filings Analyst
vised Loss Co	ect all prior rate	e changes. Im level which will result	from application of new Employer Barb Karlen	rates. <u>s Insurance Company of Wausau</u> Name of Company State Filings Analyst
vised Loss Co	ect all prior rate	e changes. Im level which will result	from application of new Employer Barb Karlen	rates. <u>s Insurance Company of Wausau</u> Name of Company State Filings Analyst

ILLINOIS DEPARTMENT OF INSURANCE SUMMARY SHEET

Change in Compar	ny's premium or rate level pr	roduced by rate revision effective	5/1/2009
	(1) <u>verage</u>	(2) Annual Premium <u>Volume (Illinois)*</u>	(3) Percent <u>Change (+ or -)**</u>
 Automobile Ph Private Pa Liability Other Burglary and T 	Commercial ysical Damage ssenger Commercial Than Auto		
5. Glass6. Fidelity7. Surety8. Poiler and Mark			
 Boiler and Mac Fire Extended Cov Inland Marine Homeowners Commercial M Crop Hail Other 	erage	35,567	-9.0
Does filing only ap	ply to certain territory (territo	ories) or certain classes? If so, speci	ify:
Brief description of Adoption of ISO Lo	filing. (If filing follows rates oss Cost and Relate Rules f	of an advisory organization, specify ilings CF-2008-RLA1 and CF-2008-I	organization): RTERU
*Adjusted to reflec **Change in Comp	t all prior rate changes. any's premium level which	will result from application of new rat	tes.
		Libor	Name of Company
		Polly Becker	State Filings Analyst Official - Title

ILLINOIS DEPARTMENT OF INSURANCE

	(1) Coverage		(2) nnual Premium olume (Illinois)*	(3) Percent <u>Change (+ or -)**</u>	
1 Automobi	le Liability Private			•	
	enger Commercial				
	le Physical Damage				
Privat	te Passenger Comme	rcial			
	ther Than Auto				
4. Burglary	and Theft				
5. Glass					
 Fidelity Surety 	•				
8. Boiler and	d Machinery				
9. Fire			6,598,685	-9.0	
10. Extended		-			
11. Inland Ma					
12. Homeowr					
13. Commerc					
14. Crop Hail 15. Other					
10. Other	Line of Insurance	_			
	., apply to contain ton	,		ecify:	
Adoption of IS	SO Loss Cost and Rela	ate Rules filings C	CF-2008-RLA1 and CF-200	ify organization):8-RTERU	
*Adjusted to r	SO Loss Cost and Relaced Formula Control Con	ate Rules filings C	cF-2008-RLA1 and CF-200	8-RTERU	
*Adjusted to r	SO Loss Cost and Relaced Formula Control Con	ate Rules filings C	cF-2008-RLA1 and CF-200	8-RTERU rates.	
*Adjusted to r	SO Loss Cost and Relaced Formula Control Con	ate Rules filings C	cF-2008-RLA1 and CF-200	8-RTERU	
*Adjusted to r	SO Loss Cost and Relaced Formula Control Con	ate Rules filings C	cF-2008-RLA1 and CF-200 ult from application of new Liberty	8-RTERU rates. Mutual Fire Insurance Company Name of Company	
*Adjusted to r	SO Loss Cost and Relaced Formula Control Con	ate Rules filings C	cF-2008-RLA1 and CF-200	8-RTERU rates. Mutual Fire Insurance Company Name of Company State Filings Analyst	
*Adjusted to r	SO Loss Cost and Relaced Formula Control Con	ate Rules filings C	cF-2008-RLA1 and CF-200 ult from application of new Liberty	8-RTERU rates. Mutual Fire Insurance Company Name of Company	
*Adjusted to r	SO Loss Cost and Relaced Formula Control Con	ate Rules filings C	cF-2008-RLA1 and CF-200 ult from application of new Liberty	8-RTERU rates. Mutual Fire Insurance Company Name of Company State Filings Analyst	
*Adjusted to r	SO Loss Cost and Relaced Formula GO Loss Cost and Relaced GO Loss Cost	ate Rules filings C	cF-2008-RLA1 and CF-200 ult from application of new Liberty	8-RTERU rates. Mutual Fire Insurance Company Name of Company State Filings Analyst	
*Adjusted to r	SO Loss Cost and Relaced Formula GO Loss Cost and Relaced GO Loss Cost	ate Rules filings C	ult from application of new Liberty	8-RTERU rates. Mutual Fire Insurance Company Name of Company State Filings Analyst	
*Adjusted to r	eflect all prior rate cha Company's premium le	ate Rules filings C	ult from application of new Liberty	8-RTERU rates. Mutual Fire Insurance Company Name of Company State Filings Analyst	
*Adjusted to r	eflect all prior rate cha Company's premium le	ate Rules filings C	ult from application of new Liberty	8-RTERU rates. Mutual Fire Insurance Company Name of Company State Filings Analyst	
*Adjusted to r	eflect all prior rate cha Company's premium le	ate Rules filings C	ult from application of new Liberty	8-RTERU rates. Mutual Fire Insurance Company Name of Company State Filings Analyst	
*Adjusted to r	eflect all prior rate cha Company's premium le	ate Rules filings C	ult from application of new Liberty Polly Becker	8-RTERU rates. Mutual Fire Insurance Company Name of Company State Filings Analyst	
*Adjusted to r	eflect all prior rate cha	ate Rules filings C	ult from application of new Liberty Polly Becker	8-RTERU rates. Mutual Fire Insurance Company Name of Company State Filings Analyst	
*Adjusted to r	eflect all prior rate cha	ate Rules filings C	ult from application of new Liberty	8-RTERU rates. Mutual Fire Insurance Company Name of Company State Filings Analyst	
*Adjusted to r	eflect all prior rate cha Company's premium le	ate Rules filings C	ult from application of new Liberty	8-RTERU rates. Mutual Fire Insurance Company Name of Company State Filings Analyst	
*Adjusted to r	eflect all prior rate cha Company's premium le	ate Rules filings C	ult from application of new Liberty	rates. Mutual Fire Insurance Company Name of Company State Filings Analyst Official – Title	
*Adjusted to r	eflect all prior rate cha	ate Rules filings C	ult from application of new Liberty Polly Becker	rates. Mutual Fire Insurance Company Name of Company State Filings Analyst Official – Title	
*Adjusted to r	eflect all prior rate cha	ate Rules filings C	ult from application of new Liberty Polly Becker	rates. Mutual Fire Insurance Company Name of Company State Filings Analyst Official – Title	
*Adjusted to r	eflect all prior rate cha	ate Rules filings C	ult from application of new Liberty Polly Becker	rates. Mutual Fire Insurance Company Name of Company State Filings Analyst Official – Title	
*Adjusted to r	eflect all prior rate cha	ate Rules filings C	ult from application of new Liberty Polly Becker	rates. Mutual Fire Insurance Company Name of Company State Filings Analyst Official – Title	
*Adjusted to r	eflect all prior rate cha Company's premium le	ate Rules filings C	ult from application of new Liberty Polly Becker	rates. Mutual Fire Insurance Company Name of Company State Filings Analyst Official – Title	

ILLINOIS DEPARTMENT OF INSURANCE

Change in Company's prer	mium or rate lev	el produced	by rate revision effective	5/1/2009
(1)			(2) nual Premium	(3) Percent
<u>Coverage</u>			ume (Illinois)*	<u>Change (+ or -)**</u>
1. Automobile Liability Pr				
Passenger Comme				
Automobile Physical D			•	
Private Passenger				
Liability Other Than Au	ıto _			
4. Burglary and Theft	_		· · · · · · · · · · · · · · · · · · ·	
5. Glass				
6. Fidelity	_			
7. Surety				
 Boiler and Machinery Fire 	_		185,512	-9.0
10. Extended Coverage11. Inland Marine	-			
12. Homeowners				
13. Commercial Multi-Peril	-			
14. Crop Hail				
15. Other				
Line of Insur	ance			
				ecify:
*Adjusted to reflect all prior **Change in Company's pr		ich will resul	t from application of new	rates.
	5.		Libo	rty Mutual Insurance Company
			LIDO	Name of Company
				,
			Polly Becker	State Filings Analyst
			**	Official – Title
الراب مين ^ي			• • •	
				
ş. •		* **	:	
			•	
			•	
· - ·	• •			
	5.4%	Tayler a	•	
· ## - # - * *				·
	•	100 100		
·	• :			

ILLINOIS DEPARTMENT OF INSURANCE

Change in Company's premium or rate le	vel produced by rate revision e	ffective5/1/2009
(1) <u>Coverage</u>	(2) Annual Premium <u>Volume (Illinois)</u> *	(3) Percent <u>Change (+ or -)**</u>
 Automobile Liability Private Passenger Commercial Automobile Physical Damage Private Passenger Commercial Liability Other Than Auto Burglary and Theft Glass Fidelity Surety Boiler and Machinery Fire Extended Coverage Inland Marine Homeowners Commercial Multi-Peril 	5,133	-9.0
14. Crop Hail 15. Other Line of Insurance Does filing only apply to certain territory (Brief description of filing. (If filing follows	territories) or certain classes? I	
*Adjusted to reflect all prior rate changes **Change in Company's premium level w		of new rates. LM Insurance Corporation Name of Company
	Polly Beck	er State Filings Analyst Official – Title

(Change in Company's premium or rate	level produced by rate revision effec	tive October 9, 2008
	(1)	(2) Annual Premium	(3) Percent
	Coverage	Volume (Illinois)*	<u>Change (+ or -)**</u>
1.	Automobile Liability		
	Private Passenger		
	Commercial		
2.	Automobile Physical Damage Private Passenger		
	Commercial		
3.	Liability Other Than Auto		
4.	Burglary and Theft		
5.	Glass		
6.	Fidelity		
7.	Surety		
8.	Boiler and Machinery		
9.	Fire	NCC - 3,000	-9.0%
10.	Extended Coverage		
11.	Inland Marine		
12.	Homeowners		
13.	Commercial Multi-Peril		
14.	Crop Hail		
15.	Other		
	Line of Insurance		
£	:::	mitarias) or cortain alagass? If so, spe	oifu.
voes i No	iling only apply to certain territory (ter		city.
NO			
	leasting of filing (If filing follows	rates of an advisory argonization one	oify organization):
onei (description of filing. (If filing follows at ISO filings CF-2008-RTERU		
Adop	ot 150 mings CF-2006-KTERO		
			· · · · · · · · · · · · · · · · · · ·
* A.	djusted to reflect all prior rate changes		
	nange in Company's premium level when		
	sult from application of new rates.		
			•
		_1	lational Casualty Company /
			Name of Company
			•
		•	• •
		<u>I</u>	Dawn Gormley - Filings Analyst I
			· Official - Title

ILLINOIS DEPARTMENT OF INSURANCE **SUMMARY SHEET**

Cha	ange in Company's premium or rate lev	el produced by rate revision effe	ctive12/1/2008
	(1)	(2) Annual Premium	(3) Percent
	<u>Coverage</u>	Volume (Illinois)*	Change (+ or -)**
1.	Automobile Liability Private Passenger Commercial		
2.	Automobile Physical Damage Private Passenger Commercial		
3.	Liability Other Than Auto		
4.	Burglary and Theft	- A	
5.	Glass		
6.	Fidelity		
7.	Surety		
8.	Boiler and Machinery		
9.	Fire	\$618,496	4.6%
10.	Extended Coverage	\$268,194	13.8%
	Inland Marine		
12.	Homeowners		
13.	Commercial Multi-Peril		
14.	Crop Hail		
	Other		
	Line of Insurance		
Doe	es filing only apply to certain territory (t	erritories) or certain classes? If se	o, specify: No
	ef description of filing. (If filing follows roce revision to Illinois advisory prospec		specify organization): Insurance Services
	justed to reflect all prior rate changes. hange in Company's premium level wh		new rates. nwide Mutual Fire Insurance Company
			Name of Company
			• •
		Sara	Behrend - Property Pricing Manager
	DIVISION OF INSU STATE OF ILLINOIS/I RECEIV	RANCE	Official – Title

SEP 17 2008

SPRINGFIELD, ILLINOIS

Serff NWPC- 125802559

SUMMARY SHEET

Official - Title

	(1)	(2) Annual Premium	(3) Percent
	Coverage	Volume (Illinois)*	Change (+ or -)**
1.	Automobile Liability		
	Private Passenger		
	Commercial		
2.	Automobile Physical Damage		
	Private Passenger		
2	Commercial		
3.	Liability Other Than Auto		
4. 5.	Burglary and Theft Glass		
<i>5</i> .	Fidelity		
7.	Surety		
8.	Boiler and Machinery		
9.	Fire	OBAIC: \$58,795	-9%
10.	Extended Coverage		
11.	Inland Marine		
12.	Homeowners		
13.	Commercial Multi-Peril		
14.	Crop Hail		
5.	Other Allied	OBAIC: \$48,179	-9%
	Line of Insurance		
			,
oes i 1/a	filing only apply to certain territory (t	erritories) or certain classes? If so, speci	ty:
/a			
		s rates of an advisory organization, speci	
Γhis	filing is following rates of an ISO ad-	option specified in the general description	n tab.
	- All and the second se		
* A	diusted to reflect all prior rate change	s.	
	djusted to reflect all prior rate change hange in Company's premium level w		
C			
C	hange in Company's premium level w		
* C	hange in Company's premium level w		
C	hange in Company's premium level w	hich will	-Reacon America Insurance
C	hange in Company's premium level w	hich will One	eBeacon America Insurance npany
C	hange in Company's premium level w	hich will One	npany
C	hange in Company's premium level w	hich will One	
C	hange in Company's premium level w	hich will One	npany
* C	hange in Company's premium level w	ohich will One Con	npany

Section 754.EXHIBIT A Summary Sheet (Form RF-3)

FORM (RF-3)

SUMMARY SHEET

Change in Company's premium or rate level produced by rate revision effective December 27, 2008

-	(1) Coverage	(2) Annual Premium Volume (Illinois) *	(3) Percent Change (+or-) **
1.	Automobile Liability Private		
••	Passenger		
	Commercial		
2	Automobile Physical Damag		
_	Private Passenger		•
	Commercial		
3.	Liability Other Than Auto		
4.	Burglary and Theft		
5.	Glass		
6.	Fidelity		
7.	Surety		
8.	Boiler and Machinery		
9.	Fire	\$554,198	+4.5%
10.	Extended Coverage		
11.	Inland Marine		
12.	Homeowners		
13.	Commercial Multi-Peril		
14.	Crop Hail		
15.	Other		
	Life of Insurance		,
•	Does filing only apply to certa Classes? If so, specify:	in territory (territories) or	certain
			···
	Brief description of filing. (If fi	ling follows rates of an a	dvisory
	Organization, specify	\\/ith this filing we wish to	rovice our Commercial Fire and Allied
	organization): Lines Exposure Grade Plan. We have re		revise our Commercial Fire and Allied
	grade factors.	vised out list of inteligible propertie	s/coverages and revised our exposure
	*Adjusted to reflect all prior ra	te changes	
	**Change in Company's prem		It from application of new
	rates.	04-4- 4-4	

State Automobile Mutual Insurance Company
Name of Company
Kathy Hartwell, AU - Supervisor, State Filings

Official - Title

Section 754.EXHIBIT A Summary Sheet (Form RF-3)

FORM (RF-3)

SUMMARY SHEET

Change in Company's premium	or rate leve	I produced by	rate revision
effective December 27, 2008	•		

-	(1)	(2) Annual Premium	(3) Percent
4	Coverage	Volume (Illinois) *	Change (+or-) **
1.	Automobile Liability Private		
	Passenger		
^	Commercial		
2	Automobile Physical Damag		•
	Private Passenger		
2	Commercial		
3.	Liability Other Than Auto		
4. -	Burglary and Theft		
5.	Glass		
6. 7	Fidelity		
7.	Surety		
8.	Boiler and Machinery		
9.	Fire	\$4,998,965	+4.5%
10.	Extended Coverage		
11.	Inland Marine		
12.	Homeowners		
13.	Commercial Multi-Peril		
14.	Crop Hail		
15.	Other		
,	Life of Insurance		
•	Does filing only apply to certa	in territory (territories) or	certain
	Classes? If so.	an termery (termeries) or	- Contain
	specify: No		
	Brief description of filing. (If f	iling follows rates of an a	dvisorv
	Organization, specify	g ronovio ratios et airi a	
	organization):	With this filing we wish to	revise our Commercial Fire and Allied
	Lines Exposure Grade Plan. We have re	evised our list of ineligible propertie	es/coverages and revised our exposure
	grade factors.		
	*Adjusted to reflect all prior ra	to changes	

State Auto Property & Casualty Insurance Company
Name of Company
Kathy Hartwell, AU - Supervisor, State Filings
Official - Title

^{*}Adjusted to reflect all prior rate changes.

^{**}Change in Company's premium level which will result from application of new rates.

	Change in Company's premrevision effective	nium or ra March	ate level produced by rate 1, 2009	
	(1) <u>Coverage</u>		(2) Annual Premium <u>Volume (Illinois)*</u>	(3) Percent <u>Change (+ or -)**</u>
1.	Automobile Liability			
	Private Passenger		····	
_	Commercial			
2.	Automobile Physical Damage			
	Private Passenger			
_	Commercial			
3.	Liability Other Than Auto			
4.	Burglary and Theft			
5.	Glass			
6. 7	Fidelity			
7. 8.	Surety Boiler and Machinery			
o. 9.	Fire	*	\$449	-9.0
9. 10.	Extended Coverage		<u> </u>	
11.	Inland Marine			
12.	Homeowners			
13.	Commercial Multi-Peril			
14.	Crop Hail			
15.	Other			
	Line of Insurance	_		
		* 2007	Written Premium	
				•
	s Filing only apply to certain territory	(territori	es) or certain	
clas	ses? If so, specify: N/A			
			w	
Deiro	f description of filing (If filing follows	ratoo of	on advison	
	f description of filing. (If filing follows inization, specify organization):		on of ISO's Commercial I	Fire/Allied Lines
orga	illization, specify organization).	-		t Revision (CF-2008-RLA1)
		Auvisu	ly Prospective Loss Cos	t Revision (CI-2000-REAT)
			·	·
	M. A. II		•••	
	* Adjusted to reflect all prior rate cha			
-	* Change in Company's premium le		ı wiii	
	result from application of new rates	S.		
			State National I	nsurance Company
	÷			of Company
			inaille (on Company
	as an assessment		David M. Cleff, Senior V	Vice President and General
				ounsel
				ial - Title
			*	

F 540 UNIFORM INFORMATION SERVICES, INC.

ILLINOIS DEPARTMENT OF INSURANCE SUMMARY SHEET

Change in Company's premium or rate level produced by rate revision effective					03-01-2009
	(1)		Annua	(2) Il Premium	(3) Percent Change (+ or -)**
	Coverage		volum	e (Illinois)*	Change (+ Or -/
1. Automob	ile Liability Private				
	enger Commercial ile Physical Damage				
	te Passenger Comm				
	Other Than Auto				
 Burglary Glass 	and Theft	· · · · · · · · · · · · · · · · · · ·			
6. Fidelity					
 Surety Boiler and 	d Machinan				
9. Fire	u Machinery			952,796	1.2
10. Extended					
11. Inland Ma12. Homeow					
13. Commerc	cial Multi-Peril				
14. Crop Hai					
15. Other	Line of Insurance		1 1	<u> </u>	
Does filing or	ny apply to certain te	erniory (terni	ories) or cer	tain classes? If so, spe	ecify:
		·		· · · · · · · · · · · · · · · · · · ·	
Revised Loss	Costs Multiplier				ify organization):
				•	
*Adjusted to	reflect all prior rate c	hanges. level which	will result fro	om application of new	
*Adjusted to	reflect all prior rate c	hanges.	will result fro	om application of new	Business Insurance Company
*Adjusted to	reflect all prior rate c Company's premium	hanges. level which	will result fro	om application of new	
*Adjusted to	reflect all prior rate c Company's premium	hanges. level which	will result fro	om application of new Wausa	u Business Insurance Company Name of Company State Filings Analyst
*Adjusted to	reflect all prior rate c Company's premium	hanges. level which	will result fro	om application of new Wausa	u Business Insurance Company Name of Company
*Adjusted to	reflect all prior rate c Company's premium	hanges. level which	will result fro	om application of new Wausal Barb Karlen	u Business Insurance Company Name of Company State Filings Analyst
*Adjusted to	reflect all prior rate c Company's premium	hanges. level which	will result fro	om application of new Wausa	u Business Insurance Company Name of Company State Filings Analyst
*Adjusted to	reflect all prior rate c Company's premium	hanges. level which	will result fro	om application of new Wausal Barb Karlen	u Business Insurance Company Name of Company State Filings Analyst
*Adjusted to	reflect all prior rate c Company's premium	hanges. level which	will result fro	om application of new Wausa	u Business Insurance Company Name of Company State Filings Analyst
*Adjusted to	reflect all prior rate c Company's premium	hanges. level which	will result fro	m application of new Wausa	u Business Insurance Company Name of Company State Filings Analyst
*Adjusted to	reflect all prior rate c Company's premium	hanges. level which	will result fro	om application of new Wausa	u Business Insurance Company Name of Company State Filings Analyst
*Adjusted to	reflect all prior rate c Company's premium	hanges. level which	will result fro	m application of new Wausa	u Business Insurance Company Name of Company State Filings Analyst
*Adjusted to	reflect all prior rate c Company's premium	hanges. level which	will result fro	m application of new Wausa	u Business Insurance Company Name of Company State Filings Analyst
*Adjusted to	reflect all prior rate c Company's premium	hanges. level which	will result fro	Mausal Barb Karlen	u Business Insurance Company Name of Company State Filings Analyst
*Adjusted to	reflect all prior rate c Company's premium	hanges. level which	will result fro	Barb Karlen	u Business Insurance Company Name of Company State Filings Analyst
*Adjusted to	reflect all prior rate c Company's premium	hanges. level which	will result fro	Mausal Barb Karlen	u Business Insurance Company Name of Company State Filings Analyst
*Adjusted to	reflect all prior rate c Company's premium	hanges. level which	will result fro	Barb Karlen	u Business Insurance Company Name of Company State Filings Analyst
*Adjusted to	reflect all prior rate c	hanges. level which	will result fro	Barb Karlen	u Business Insurance Company Name of Company State Filings Analyst
*Adjusted to	reflect all prior rate c	hanges. level which	will result fro	Barb Karlen	u Business Insurance Company Name of Company State Filings Analyst

ILLINOIS DEPARTMENT OF INSURANCE SUMMARY SHEET

onango in Company	's premium	or rate level p	roduced by r	ate revision effective	03-01-2009
(1	1)		Annua	(2) I Premium	(3) Percent Change (+ or -)**
Cove	<u>rage</u>		volume	e (Illinois)*	Change (· Oi -)
1. Automobile Liabi					
Passenger C	Commercial				
2. Automobile Phys	sical Damag	e maraial			
3. Liability Other Th	senger Com nan Auto				
4. Burglary and The	eft	· · · · · · · · · · · · · · · · · · ·			
5. Glass					
6. Fidelity					
7. Surety8. Boiler and Mach	inen/				
9. Fire	ii ici y		5	75,450	1.2
10. Extended Cover	age				
11. Inland Marine					
12. Homeowners	4i Davil				
13. Commercial Mul14. Crop Hail	u-Peni	* * * *			
15. Other					
Line	of insurance			, , , , , , , , , , , , , , , , , , , ,	
Doos filing only onni	u to cortain i	torriton/(torrit	orios) or cort	ain classes? If so, sr	pecify:
Does ming only appl	y to certain	territory (territ	01103) 01 0011	an olacoco. n co, op	
*Adjusted to reflect a	all prior rate	changes.			
*Adjusted to reflect a	all prior rate	changes.		m āpplication of new	rates. Underwriters Insurance Company
*Adjusted to reflect a	all prior rate	changes.		m application of new	rates.
*Adjusted to reflect a	all prior rate	changes.		m application of new Wausau	rates. <u>Underwriters Insurance Company</u> Name of Company
*Adjusted to reflect a	all prior rate	changes.		m application of new	rates. Underwriters Insurance Company
*Adjusted to reflect a	all prior rate	changes.		m application of new Wausau	rates. <u>Underwriters Insurance Company</u> Name of Company State Filings Analyst
*Adjusted to reflect a	all prior rate	changes.	will result fro	m application of new Wausau Barb Karlen	rates. <u>Underwriters Insurance Company</u> Name of Company State Filings Analyst
*Adjusted to reflect a **Change in Compar	all prior rate	changes.	will result fro	m application of new Wausau Barb Karlen	rates. <u>Underwriters Insurance Company</u> Name of Company State Filings Analyst
*Adjusted to reflect a **Change in Compar	all prior rate ny's premiur	changes.	will result fro	Mausau Barb Karlen	rates. <u>Underwriters Insurance Company</u> Name of Company State Filings Analyst
*Adjusted to reflect a **Change in Compar	all prior rate ny's premiur	changes.	will result fro	m application of new Wausau Barb Karlen	rates. <u>Underwriters Insurance Company</u> Name of Company <u>State Fillings Analyst</u> Official – Title
*Adjusted to reflect a **Change in Compar	all prior rate ny's premiur	changes. n level which	will result fro	Mausau Barb Karlen	rates. <u>Underwriters Insurance Company</u> Name of Company <u>State Fillings Analyst</u> Official – Title
*Adjusted to reflect a **Change in Compar	all prior rate ny's premiur	changes. n level which	will result fro	Mausau Barb Karlen	rates. <u>Underwriters Insurance Company</u> Name of Company <u>State Fillings Analyst</u> Official – Title
*Adjusted to reflect a **Change in Compar	all prior rate ny's premiur	changes. n level which	will result fro	Mausau Barb Karlen	rates. <u>Underwriters Insurance Company</u> Name of Company <u>State Fillings Analyst</u> Official – Title
*Adjusted to reflect a **Change in Compar	all prior rate ny's premiur	changes. n level which	will result fro	Mausau Barb Karlen	rates. <u>Underwriters Insurance Company</u> Name of Company <u>State Fillings Analyst</u> Official – Title
*Adjusted to reflect a **Change in Compar	all prior rate ny's premiur	changes. n level which	will result fro	Mausau Barb Karlen	rates. <u>Underwriters Insurance Company</u> Name of Company <u>State Fillings Analyst</u> Official – Title
*Adjusted to reflect a **Change in Compar	all prior rate ny's premiur	changes. n level which	will result fro	Mausau Barb Karlen	rates. <u>Underwriters Insurance Company</u> Name of Company <u>State Fillings Analyst</u> Official – Title
*Adjusted to reflect a **Change in Compar	all prior rate ny's premiur	changes. n level which	will result fro	Mausau Barb Karlen	rates. Underwriters Insurance Company Name of Company State Filings Analyst Official – Title
*Adjusted to reflect a **Change in Compar	all prior rate ny's premiur	changes. n level which	will result fro	Barb Karlen	rates. Underwriters Insurance Company Name of Company State Filings Analyst Official – Title
*Adjusted to reflect a **Change in Compar	all prior rate ny's premiur	changes. n level which	will result fro	Mausau Barb Karlen	rates. Underwriters Insurance Company Name of Company State Filings Analyst Official – Title
*Adjusted to reflect a **Change in Compar	all prior rate	changes. n level which	will result fro	Barb Karlen	rates. Underwriters Insurance Company Name of Company State Filings Analyst Official – Title
*Adjusted to reflect a **Change in Compar	all prior rate ny's premiur	changes. n level which	will result fro	Barb Karlen	rates. Underwriters Insurance Company Name of Company State Filings Analyst Official – Title

ILLINOIS DEPARTMENT OF INSURANCE SUMMARY SHEET

ange in company's premium or rate lev	el produced by rate revision effective	3/1/2009
(1)	(2) Annual Premium	(3) Percent Change (+ or -)
<u>Coverage</u>	Volume (Illinois)*	Change (+ OI -)
1. Automobile Liability Private		
Passenger Commercial		
2. Automobile Physical Damage		
Private Passenger Commercial		
3. Liability Other Than Auto		
Burglary and Theft		
5. Glass		
6. Fidelity		
7. surety		
•		
8. Boiler and Machinery	\$29,177	-9.7%
9. Fire	φ29,177	-5.1 70
0. Extended Coverage		
1. Inland Marine		
2. Homeowners		
3. Commercial Multi-Peril		
4. Crop Hail		
5. Other		
Line of Insurance		
es filing only apply to certain territory (territories) or certain classes? If so, specif	v: No
to the second control of the second control	:	
-		
ief description of filing . (If filing follows Adoption of ISO Loss Cost designat	rates of an advisory organization, specify of	organization):
Adoption of ISO Loss Cost designati	IOTI CF-2006-RLAT	
*Adjusted to reflect all prior rate change	S.	
	which will result from application of new rate	ıs.
Change in Company 5 promium level w	week	
	Westnort Inst	rance Corporation
		of company
•		or company
•	•••	
		ompliance Specialist
í.	Off	icial-Title
•	•	

Service Services